

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

99852

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

Sunday May 15<sup>th</sup> 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Squash Dare

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

2

Years,

3

Months,

5

Days.

Color,

black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

City-

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

707 Vincent Alley

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Enteric Tuberculosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Bene

Date of Burial,

May 17<sup>th</sup> 1887

Chas. S. Parker

M.D.,

Medical Attendant.

Undertaker,

William Dungee

Place of Business,

150 East St

Address,

S. W. Stricker Mosher

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 778

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99853 Office of Registrar of Vital Statistics.

Ward 64

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abraham Bell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Labourer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 622 Bradford alley

Cause of Death, { First (Primary), Intermittent Fever  
Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Paul Cemetery

Date of Burial, May 18<sup>th</sup> 1887

{ Undertaker, Geo. Pinchault John Boyd M. D. Medical Attendant.

{ Place of Business, Health Office Address, 1937 E. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 7786

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.



Permit No. 99857 Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, or the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 17<sup>th</sup> 1887

Full Name of Deceased, Edith May Bee

Sex, Female

Age, 3 Years, 6 Months, 6 Days.

Color, White

Married, Single

Occupation, None

Birth Place, Balto Md

Duration of Residence in the City of Baltimore, 404 Scott St

Place of Death, 404 Scott St

Cause of Death, Extensive burns from boiling water

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 18 1887

Undertaker, W. J. Tiekner

Place of Business, 65 S. Calver St

Geo R Graham M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.



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## Health Department, City of Baltimore.

Permit No. 99 853 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Tuesday May 19th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth A. Kupp.

Sex, Male or Female, { Cross out the word not required in this line. } Female,

Age, 43 Years, Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow.

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 730 No. E. Biddle St

Cause of Death, { First (Primary), Second (Immediate), } Laryngeal Phthisis, Exhaustion

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Md.

Date of Burial, May 19th 1887

{ Undertaker, Henry H. Schickel Wihmer Printer M. D. Medical Attendant.

{ Place of Business, 1022 N. E. Ave. Cal. Address, Chase St. Forest Plac

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99856 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, on or twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward H. Salisbury

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 79 Years, 64 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Labore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Eastern Shore Md.

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 1214 N. Spring St.

Cause of Death, { First (Primary), Second (Immediate), } Heart disease - Aortic Valves

Duration of Last Sickness, Do not know

All the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant

Date of Burial, May 20<sup>th</sup> 1887

{ Undertaker, H. B. Jackson Edwin B. Fenby, M. D. Medical Attendant.

{ Place of Business, 1123 N. Central St. Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 7  
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. 99854 Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within 48 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Proylan  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 52 Years, Months, Days.  
Color, white  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation, Workman  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland  
Duration of Residence in the City of Baltimore, 45 years  
Place of Death, { Give Street and Number. } 215 Central Avenue  
Cause of Death, { First (Primary), Chronic Bronchitis -  
Second (Immediate), Heart Disease  
Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery  
Date of Burial, May 18<sup>th</sup>  
{ Undertaker, Wm. Schaeffer }  
{ Place of Business, #8 S. Front St. } Address, 800 N. Broadway  
M. D. M. L. Review  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99858 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 17<sup>th</sup> 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Henry Webb

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 10 Years,    Months,    Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lived here during life

Place of Death, { Give Street and Number. } Was drowned in Carey St Run near Carey St Bridge. Residence H. Pratt St # 1430

Cause of Death, { First (Primary), Second (Immediate), } Accidental drowning

Duration of Last Sickness,   

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 19<sup>th</sup>

Undertaker, J. J. Cowan L. G. Spanow M. D.

Place of Business, 89 Baltimore St Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



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The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health of Baltimore.

Permit No. 99859 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Presco

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Nineteen (19) Years, Months, Days,

Color, Black

Married, Single, Widow ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Carrier

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } Maryland Penitentiary

Cause of Death, { First, (Primary,) Consumption  
Second, (Immediate,) }

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, May 18, 1887 J. M. Coikill M. D.,

{ Undertaker, Alex Hensley Medical Attendant.

{ Place of Business, 56 Arch St Address, 26 S. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Reports below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. 99860 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 16 - 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Breefel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, 780 Columbia ave

Place of Death, { Give Street and Number. } 781 Columbia ave

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Green Park

Date of Burial, May 18/84

{ Undertaker, Christenberry } Shepard Botta M. D. Medical Attendant.

{ Place of Business, 715 Light } Address, 46 Houser St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department City of Baltimore.

Permit No. 99861 Office of Registrar of Vital Statistics. Ward 19<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE GRANTED WITHOUT THIS CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Laville

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 Years, ✓ Months, ✓ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Retired -

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore County, Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give Street and Number. } 608 N. Gilmer St.

Cause of Death, { First (Primary), Second (Immediate), } Hepatitis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 18/87

Undertaker, Denny & Mitchell Louis W. Knight M. D.

Place of Business, 1201 N. Fayette Address, 414 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]